

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 87516RLO
Customer No. 01333**

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**OLED APPARATUS HAVING IMPROVED
FAULT TOLERANCE**

First Named Inventor (or Application Identifier):

John A. Agostinelli, et al.

Enclosed are:

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> Specification | 6. <input checked="" type="checkbox"/> Assignment of the invention to Eastman Kodak Company |
| 2. <input checked="" type="checkbox"/> 9 Sheets of drawings | 7. <input type="checkbox"/> Certified copy of a priority |
| 3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97. | 8. <input type="checkbox"/> Associate Power of Attorney |
| 4. Combined Declaration for Patent Application and Power of Attorney: | |
| 4a. <input checked="" type="checkbox"/> New | 9. <input type="checkbox"/> <u>Incorporation by Reference (useable if Box 4b is checked)</u> |
| 4b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed) | <u>Deletion of Inventor(s)</u> |

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. Continuation Divisional Continuation-in-part (CIP) of prior application No. ,
12. Please address all written communications to Pamela R. Crocker, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to Raymond L. Owens at 585-477-4653.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	13 - 20 =	-7	x 18 =	\$ 0
INDEPENDENT CLAIMS	4 - 3 =	1	x 86 =	\$ 86
MULTIPLE DEPENDENT CLAIM PRESENTED		+ 290		\$ 0
			TOTAL	\$ 856

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 856**

A duplicate copy of this sheet is enclosed

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.

A duplicate copy of this sheet is enclosed

Raymond L. Owens/JMD
Telephone 585-477-4653
Facsimile 585-477-4646

Attorney for Applicants
Registration No. 22,363

19270 U.S.PTO
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